

# TOWN OF BARRINGTON, NH

## Application For Appointment Request - Board/ Commission/ Committee



Name: Houst, Michael Phone: 603-664-2099 (same)  
(last) (first) (day) (evening)  
Address: 48 Serenity Way, Barrington, NH 03825 Email: houmid@live.com

Barrington Resident Since: 2000

1. I am applying for one or more of the following in order of preference (1 = first choice, 2 = second choice, 3 = third choice, etc.)

<input type="checkbox"/> Economic development Committee	<input type="checkbox"/> Recycling Center
<input type="checkbox"/> Planning Board	<input type="checkbox"/> Friends of the Library
<input type="checkbox"/> Regional Planning Commission Rep	<input type="checkbox"/> Firemen's Association
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/> Ambulance Association
<input type="checkbox"/> Historical Society	<input type="checkbox"/> Food Pantry
<input checked="" type="checkbox"/> 1 Advisory Budget Committee	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Zoning Board of Adjustment	
<input type="checkbox"/> Recreation Commission	

2. For my appointment, please consider the following:

a. Occupation: Database Administrator & Systems Analyst  
b. Employer: Exeter Hospital  
c. If appointed, do you feel there is any conflict of interest with your personal beliefs, occupation, or employer? ☐ Yes ☒ No  
d. Education: MS Management, BS Computer Info Sys, AS Resource Mgmt  
e. Relevant Experience: NCOIC Veh. Maint. Control & Analysis 1984-1999; 2 yrs as Chairman, Troop 358; Vol. Income Tax Advisor, 1998-1999.  
f. Volunteer Time Available: 3 nights a week, plus every other weekend  
g. Any previous appointments to any board for the Town of Barrington or the School District? (if yes, please describe): No  
h. Are you willing to serve as an alternate? ☒ Yes ☐ No  
i. Are you willing to serve on a sub-committee? ☒ Yes ☐ No

3. I would like to improve the following: Town annual budgetting process.

4. I am seeking this appointment because: Sense of duty of personal service to the people of Barrington.

Signature: Michael D. Houst

Date: 8 May 2008 8 May, 2021

Please return this application to: Town Offices, P.O. Box 660, Barrington, NH 03825 or call 603-664-9007.